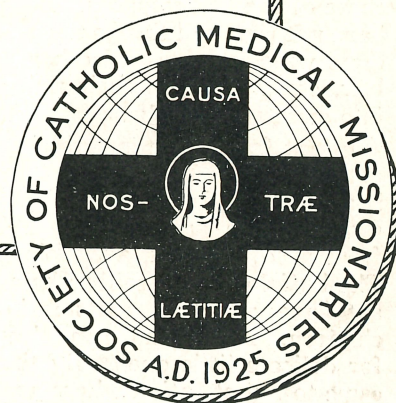


The MEDICAL MISSIONARY



*Happy Catholic Mothers whose babies were born
in the Hospital.*



MOTHER NATURE RUNS A DRUG STORE

By JOANNA LYONS, M. D.

TO BEGIN with, let us make it plain that this refers, for these few disjointed observations, to an American drugstore—a place where drugs and medicines are not at all the most important matters. The subject of Indian medicines is a very interesting one and not to be despised. Perhaps some day I shall know sufficiently about them to say something; now I can only tell of a more superficial and picturesque phase of the system by which the Indian poor folks supply their needs for certain common things we rely upon the corner drugstore to give us.

Consider the toothbrush. You buy your Prophylactic in a nice yellow box with a hook to hang it on and a mark on its handle to distinguish it from that of Brother Bill and Aunt Helen. Now listen: Last Sunday I had occasion to go in the Government mail truck to the nearest hill station. It was early in the morning. At one point in the road the car stopped and the driver's assistant got out and cut a twig from a tree. Taking off the leaves, he took a bit himself and gave a bit to the driver. Each industriously chewed on his portion until the woody fibers separated into a nice brush at one end. Then for the next 10 miles or so they scrubbed their teeth with these things. In fact, the driver was so interested in this part of his morning toilet that he drove with one hand on the wheel around some fairly sharp mountain curves.

As for soap, there is a certain nut about the size of a hazel nut, brown and shiny. You crack the outer shell a little and drop two or three of these in a pan of water, swish them about and develop a suds that Procter & Gamble would be pleased to see. This is particularly good for washing woolen things.

Oriental people are very fond of perfumes and there are very refined methods of producing those of the highest class. But poor people who have not time and things to carry out these processes wind jasmine and other flowers into their hair, strew them on their pillows or drop them into sweetened drinks.

Infant foods for the artificially fed baby need not be restricted here, nor do they usually come in a package. In this city, if one liked, one could provide such an unfortunate baby with milk from a cow, a goat, a buffalo, an ass or camel. The buffalo milk is said to be a strong, unpleasant flavor; that of goats is in high favor for children. Asses' and camels' milk is the resort for delicate little ones. By the way, two cases came to my attention where goats' milk was administered without any intermediary bottle or cup—after the manner of Romulus and Remus. Not such a bad idea, either, when one considers

the kind of cleaning a bottle is likely to get in some of these poor homes.

No details are at hand about the "natural" soft drinks, though they abound in quantity and variety. Nor, as I said before, can I tell much about medicinal drugs, which are many. From the Neem tree alone a small pharmacopoeia of remedies is made and they are so bitter and unpleasant that they must have *some* virtue, so the Indian argues, anyhow.

The pursuit of beauty gives rise to many curious and widespread concoctions. Hair is a very important matter in India and gets much attention of a sort. Hair oils are much in vogue. Henna is used on both hair and beards and the effect is quite as horrible as at home. Finger tips are dipped in it too. For the eyebrow pencil, there is a black, thin paste called "surma," probably the antimony preparation with which the Greek and Roman ladies used to enhance the beauty of their eyes. Even tiny, tiny babies are decorated with this as if they were going to appear on the stage, and the effect is quaint and rather pretty. And for rouge, there is a tiny insect called "birbahoti," scarlet in color and velvety in sheen, which appears only at the beginning of the monsoon. Ladies in the Punjab, when they find one, pick it up and rub it gently on their cheeks to give them a beautiful, rose-red color. It is finer far than rouge, for the hues are most delicate and do not wash or run off in streaks.

These products and customs have come down from hundreds, no, from thousands of years. To go from the little to the great, when one comes from 150-year-old country into the thousands-of-years-old civilization—and it is civilization—of India, which has met and absorbed or cast off so many alien cultures that threatened to overrun it and never turned much from its old ways, the thought is bound to come—what is the use of all our efforts for this incredibly large mass of people, so remote from all our thoughts and ways?

If the discussion had to do with the diffusion of education, or of economic methods, or of sanitation, or of a Democratic form of government, one would not be at all sure what to answer—not at all sure that the game is worth the candle. We have but one thing to give the people of India whose value is so unquestionable and undebatable, when compared with the things they already have, that it is worth spending lives to establish—and that one thing is the religion of Christ.

If the Indian wants to cling to economic systems that keep him riding in a bullock cart when he might have a Ford, or paying taxes to keep up a be-jeweled Rajah when he might be enjoying a much more expensive President and Congress; nay, even though these be bold words, though he should prefer to steep for himself a mass of willow twigs when he might have had the newest German synthetic preparations for his rheumatic joints, we shall not be much disturbed. But we hope and believe that India will become very Catholic and yet remain India, with improvements.

The MEDICAL MISSIONARY



Published with ecclesiastical approbation monthly (except June and July) by the Society of Catholic Medical Missionaries, Inc., Brookland, Washington, D. C., in the interest of Medical Missions and Women of the Orient. Subscription \$1 per year.

Editor: Dr. Anna Dengel

"Entered as second-class matter September 11, 1928, at the post office at Washington, D. C., under the Act of March 3, 1879."

EDITORIALS

A NEW YEAR'S WISH

THIS is the second year that we are able, through the pages of **The Medical Missionary**, to wish our friends and benefactors a happy and prosperous New Year, full of graces and blessings. This is also an opportune time to express our heartfelt gratitude to all those who, since the beginning of our Society, took part in our work—be it through Holy Masses offered up, prayers said, advice given, contributions in kind or money, either as individuals or as groups of people. We pray for them four times a day and we trade with the talents which they entrust to us; the reward for their charity can only come from God.

The past year seemed very short. While the actual preparing and opening of the Holy Family Hospital in India and the carrying on of the work fell on our three pioneers, Dr. Joanna Lyons, Sr. Agnes Marie and Sr. Mary Laetitia, we were kept busy at home to provide the where-with to do it. The days sped by at an extraordinary rate filled with the community exercises, religious and mission study and all the hundred and one things which are necessary to keep the home fires burning. In a pioneer Medical Mission House where the range of activities is necessarily a wide one, no talent remains hidden very long. A great deal of our work is spade work, which does not show any immediate results. This we take for granted, realizing that the foundation must be deep and strong.

From the very beginning the spirit of the Society has been one of optimism, and now, after three short years, we look into the future with more hope than ever of extending our work.

WHAT PROSPECTS?

Some weeks ago the writer called on a Director of the Propagation of the Faith who, after a few preliminary remarks, asked the simple question: "Now tell me—what are the prospects of Medical Missions?"

The answer is that the prospects are excellent. Of unrelieved suffering there is so much that a whole army of Medical Mission Crusaders would find ample scope for their most ardent ambitions. The parts of the world where the non-Christian religions dominate are notoriously

lacking in sanitation and hygiene and many are hotbeds of disease and misery. The health of millions is undermined with malaria, hookworm, kalazaar, sleeping sickness, leprosy, and tuberculosis, only to mention a few. In America and Europe, where people are literate and comparatively hygienic, where great sums of money are spent on public health, thousands of hospitals are filled with patients, and in the United States alone 20,000 nurses are graduated from the training schools each year.

When one thinks that India has about three times and China four times the population of the United States, the visualizing of the need and possibilities of help make one feel that Christian Charity has still big worlds to win.

And what about missionary prospects? There is an old Latin saying that the human soul is naturally Christian. Charity appeals to people of every clime and every degree of education and civilization, and what appeals to us, we like to imitate and adopt; may we, therefore, not reasonably hope that the prospects of the care of the sick for the love of God are, that the religion of Christ Who inspires and fosters it, will be more loved, more imitated and more adopted?

The next outstanding question in regard to prospects might be expressed in the words of a prominent newspaper owner, who was very interested to hear of the project of our Society and said: "It sounds fine—but who is going to do it?" The shortest answer to that remark are the words of St. Paul: "Caritas Christi urget me"—the charity of Christ urges me. From the beginning of the Christian era to now, there have been millions who counted it a privilege to be called to serve the poor, the sick, the afflicted of any kind for the love of God.

Still another aspect of the prospects might be considered. Unfortunately Mission Hospitals require a good deal of financial support. A well-known Archbishop wrote to the writer a few years ago these words which made a deep impression: "We (meaning missionary Bishops) would all like to have a Catholic hospital, but we have not the means for it." If through Medical Missions many, especially dying children, can be baptized, thousands brought in contact with our Holy Religion, prejudice removed, hearts won, and pain and suffering of helpless people re-

(Continued on page 5)

VISITING HOSPITALS ON A HOLIDAY TRIP TO ALASKA

By MARY A. LAB, R. N.

VERY enthusiastically we left Lansing, Mich., Monday, June 25, and at 3 p. m., Tuesday, we crossed into Canada at North Portal. The scenery along the route of the Canadian Pacific was magnificent; we passed through large tracts of grazing country, snow-capped mountains of the Canadian Rockies and spiral tunnels which are marvels of engineering skill. We arrived at Vancouver on Friday night, and on Saturday morning we sailed for Skagway, Alaska, on the *S. S. Princess Alice*.

The voyage was delightful. On Sunday morning we docked at Albert Bay, an Indian village situated on a small island. We saw the cemetery with its world-famous totem poles, the cannery, which is one of the principal salmon canneries on the coast, and also a hospital which we found to be quite modernly conducted by four Canadian nurses. Upon inquiry we learned that there are two doctors in the town, and besides the white men of the fisheries, many Indians enter the hospital as patients. Disease is very prevalent among the Indians, but gradually they are being persuaded to undergo examinations and treatments.

We also visited Prince Rupert, Ketchikan and Wrangell and entered the Wrangell Narrows on Tuesday morning. They are 20 miles long, very narrow and shallow, with many turns and windings. The scenery was beautiful and the ship proceeded at half speed. At 9 p. m. that night we passed two glaciers, one dead and receding, the other, Taku, is a hundred feet thick, a mile long and extends inland 90 miles. Our boat approached to within a hundred feet and stopped. Then the whistle was blown as chunks of ice from the glacier dropped into the water and floated away as icebergs. This was the coldest part of our trip and extremely windy. We had an evening at Juneau, the capital of Alaska, and arrived at Skagway on July 4. Independence Day was being celebrated with the proper spirit. Our voyage ended here, but while our boat trip was probably the most comfortable part of the journey, the interior of Alaska held more fascination for us than the other territory.

Skagway is the town which in the spring of '98 grew to a city of 15,000 inhabitants, all drawn to the North by the lure of the Golden Klondike. It is now a modern town with most modern conveniences. Its hospital, the White Pass Hospital, is beautifully situated on the banks of the Skag-

way River. The first floor is used for the doctors' and nurses' quarters and the kitchen, etc., all the patients being on the second floor. There is a large well-equipped operating room which serves also as the obstetrical department and a supply room, which is a combination of pharmacy and general hospital supplies. There are two graduate nurses in charge, each taking her turn for night calls.

Nearer the business section of the town we found St. Marks Catholic Church and stopped for a visit. It was small but nicely furnished. Among other things, we noticed the supply of Sunday collection envelopes in each seat and the pamphlet rack in the vestibule. The next day we boarded the train for Whitehorse, Y. I. It was a very scenic trip. Besides the many beautiful mountains and waterfalls, we saw the trail of '98, the Yukon River and the White Horse Rapids. We spent the night here and returned to Carcross in the morning, where we took the boat for Atlin, B. C., which is a beautiful resort. We spent the first day in Atlin, the Indian village, and Father Eichelsacker, who was stationed there for three weeks, came over to talk to us. We were surprised to hear that they have a priest only two or three weeks of the whole year.

We then went to the hospital, which has accommodations for 10 or 12 patients. The patients' rooms, and operating room, a maternity room, a large kitchen, nurses' rooms, doctors' office and a newly equipped laundry were all on the first floor. The building is heated by a furnace, but the winters are so severe that they have a stove in each room for additional heat. There is a resident physician, a young man from Vancouver. The hospital is in charge of two nurses who take care of the kitchen, laundry, and everything unless they are very busy. One nurse proudly displayed to us their new laundry. From her description we expected to find a modern laundry with a washing machine. Imagine our surprise when we beheld a bench, wringer and two tubs—all the washing being done by hand.

The second day at Atlin we hiked to the gold mines, but needless to say we did not find any nuggets. At Whitehorse it was light as day all night, and here, although farther south, we were still able to read without artificial light at 2 a. m. We found foodstuffs very expensive all through



AN ALASKAN HOSPITAL

(Continued on page 5)

DEAR READER:

Somewhere in England I once saw a row of houses called "variegated sublimity." The houses looked as funny as the sound of the name given to them, but it just struck me that it would be quite an appropriate name to give to some episodes of one's missionary career. Such a one was for instance my experience in India on the feast of the Epiphany five years ago. The feast of the Magi being considered a missionary feast, we always kept it as solemnly as possible. One of the Mill Hill Fathers, the chaplain of the native Catholics asked the nuns to prepare for the celebration of Mass in the native city. So, three Wise Women, two Franciscan Missionaries of Mary and myself, set out in a tonga, and on the

way, halted at the houses of Catholics, to drum the congregation together. Some of the toddling population we took along with us, much to their delight. Arrived in the city, we went to the sweepers' lane, where in among a row of mud huts, there was one single-roomed habitation, in which on week days the Catechism and the three R's were taught and on Sundays and feast days the Holy Sacrifice was offered up. There the Star stood still for us! The room being a vacuum as far as the naked eye was concerned, there was not much to do except to get one of the Knights of the Broom busy to sweep it to the best ability of this one and only profession open to him. When the dust raised was settled again, we arranged an altar and the vestments for the priest. As soon as all was ready, the congregation, poor people—mostly sweepers, men—some bright eyed, others blind, women with babies in their arms, shy little girls and solemn looking little boys crowded in, until the space was so filled that it was difficult to

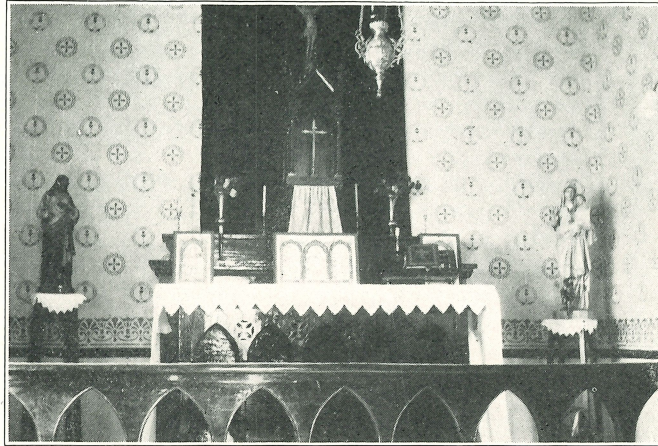
keep room for the priest to turn freely in front of the improvised altar. The music was a mixture of the low pitched moans and groans of the old people and the high pitched squeals and squalls of the infants in arms with the restless shuffling of the young folk in between.

Mass under such circumstances has its *pros* and *cons*. I hear some people say: pray—what may the *pros* be? Well, the first is that one is thankful that even the greatest poverty is no obstacle to the celebration of the Holy Sacrifice and the second is that Our Lord is so wonderfully near in such Bethlehems.

The *cons*, however, triumphed. It was the Prefect Apostolic's wish for a long time to have a permanent chapel in the native city, because the greater number of the Indian Catholics live there. Since our hospital is built his wish has been fulfilled. The hospital chapel where the Holy Sacrifice is offered up every day serves as parish church. If only the many Benefactors who made this possible could have knelt with me on the floor among the poor men and women of the crowded-to-overflowing mud hut on the feast of the Epiphany five years ago, and if they could now pay a little visit to the Hospital chapel where Our Lord is housed in all simplicity, but permanently and respectably, they would be consoled to have had the chance of doing their share towards enthroning Him in one more tabernacle in the wide world.

The next necessary step now to develop our work is the establishment of a little Motherhouse. We must get busy at once, as we will have to leave our present beautiful location before the Easter bells ring.

With an extra special wish for a happy and prosperous 1929 to all our Readers.—The Editor.



CHAPEL IN THE HOLY FAMILY HOSPITAL. IT WAS FURNISHED THROUGH THE GENEROSITY OF MANY GOOD FRIENDS. IT SERVES AS THE PARISH CHURCH FOR THE NATIVE CATHOLICS OF THE CITY

WHAT PROSPECTS?

(Continued from page 3)

lieved, it is worth while to make a big effort to get the necessary means.

To judge from our experience, the prospects of finding them are not so gloomy either. There are always many who like to make sacrifices to give from their small possessions and a few who give from their abundance—to lay up treasures in heaven.

Such, in a nutshell, are the prospects of Medical Missions.

VISITING HOSPITALS

(Continued from page 4)

the North, but more so farther inland than near the coast. Milk seemed to be a minus quantity. We had fresh milk at Skagway, but the inland towns used evaporated milk. At Atlin all the water supply is purified from the lake and sold to the townspeople for 5 cents a bucket. Their buckets hold about four gallons.

We again arrived in Skagway on July 9 and began our return trip on the S. S. *Princess Louise*, oh! so sorry that our trip was ended.

THE SOCIETY AT HOME AND ABROAD

ON December 8, the Feast of the Immaculate Conception, Miss Mabel Harley was invested with the garb of the Society, taking the name of Sister Ann.

Miss Harley was born in Cork, Ireland. She took the Degree of Bachelor of Science, the Cambridge Diploma in Education at Cork University. She subsequently did post-graduate work at Cork University and at the University of Leeds. Later she was Science Mistress at the Immaculate Conception School, Darlington, and at the Bar Convent, York.



SISTER ANN

Coming on a visit to America last year, Miss Harley visited Washington and called at the Medical Mission House to renew an old Cork acquaintance. While here she was so drawn to the Medical Mission work that she decided to devote her life to it.

The ceremony was performed by Rev. Father Doheny, C. S. C., of the Holy Cross Foreign Mission Seminary. After Mass, Father Doheny preached a most inspiring sermon. He recalled the beginning of the Catholic Church in America, and said that Washington was a singularly appropriate place for the foundation of a Medical Mission Society, as it was here in Washington that Father White, pioneer missionary, conceived the idea to help the spread of the Catholic Church in America by means of hospitals, and from Washington he sent out his first appeal for a hospital. Now that Father White's dream has been realized far beyond his expectations and America shows a striking record of Catholic hospitals, it was fitting that she in her turn should send out Catholic Medical missionaries to help our brothers and sisters of Eastern lands.

He recalled the first chapters of Jesuit history; the labors and sufferings of St. Ignatius and the great Indian missionary, St. Francis Xavier; the use and spread of the great Jesuit Order, and he expressed the hope that when another 500 years would have elapsed the Catholic Medical Missionary Society would have houses in many lands.

He mentioned the glory of Douglas, who was entrusted with the mission of carrying King Bruce's heart to the Holy Sepulchre at Jerusalem. Worn out from innumerable obstacles, Douglas wearied of his quest, but when he commenced to retrace his steps, it is said that the heart of the King, which he carried in a casket on his bosom,

began to beat violently, so that he took fresh courage and continued his journey. So, too, said Father Doheny, the living Presence of Jesus after Holy Communion should embolden the missionary to overcome all difficulties in the mission of planting the Cross of Christ in far-off lands.

During the month of December four new candidates joined our little pioneer band. One is a dentist and the three others are nurses. The newcomers make our house crowded—the inconvenience caused thereby, however, is a very welcome one.

NEWS FROM OUR MISSIONARIES

Sister Agnes Marie sent an account of the procession which was held in the hospital grounds on the Feast of Christ, the King.

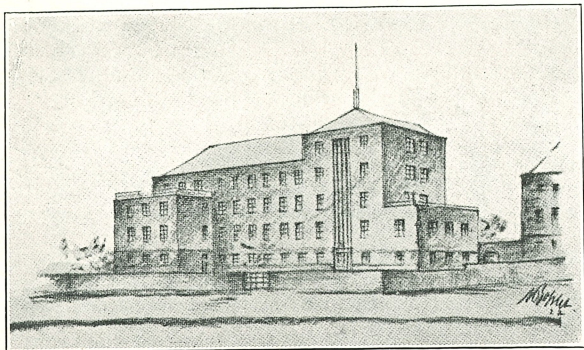
She writes: "The procession was grand. A big crowd turned out and it was very impressive. All the Presentation Sisters and the Franciscan Missionaries of Mary came from the Cantonments for it. It started at 5.15 p. m., when it was already quite dusky. The procession way was lovely. On either side bamboo poles were put in the ground and then the colorful Indian decorations were stretched from pole to pole all the way. We had only 10 Indian altar boys and 10 little Indian girls to strew flowers, but next year we will have more, please God. One needs impressive ceremonies to attract the people here.

"The next big day will be Christmas. Father hopes to get three priests and have Solemn Midnight Mass. During the winter two priests will be stationed here in the city, so that we will have two Masses daily."

In her last letter Doctor Lyons asked if we could possibly send a nice white vestment for feast days, a cross to carry in processions, a large censer and small cruets. The latter have already been donated unasked for together with many other useful hospital and chapel articles by the Sister Superior of St. Mary's Mercy Hospital, Gary, Ind., where Doctor Lyons spent her year's internship.

Our missionaries will be agreeably surprised when the recently sent shipment of 16 cases will reach them. Nine cases contained dressings of all descriptions made by the zealous members of the Surgical Supply Unit under the leadership and with the financial assistance of Miss Rose Mary O'Keeffe, R. N., of Brooklyn, N. Y. Five boxes were added by the Medical Mission Board of New York and two by our Society. It takes a great deal to equip a hospital even in a very simple way. We owe very special thanks to Miss O'Keeffe and her helpers who have given so generously of their precious time and made many sacrifices to make this large shipment of dressings possible. It will be a great help to the hospital for a long while to come.

MEDICAL MISSION NOTES



MEDICAL MISSION INSTITUTE OF WURZBURG, BAVARIA, WHICH WAS SOLEMNLY OPENED ON DECEMBER 3, FEAST OF ST. FRANCIS XAVIER

INDIA

A Generous Beginning. Our hospital for women and children, which will soon be a year old, received recently a donation of Rs. 10,000 (\$3,700) from an anonymous benefactor of Rawalpindi, the purpose being to start the ball rolling for an endowment fund of Rs. 80,000. This generous gift was not only a pleasant surprise but a great encouragement as well, as it proves that there is local appreciation.

We have no opportunity to thank this good Samaritan who does not want to let the left hand know what the right hand does, but it is a consolation to know that God's unfailing reward will be his or her's for all eternity.

Dr. Mary O'Brien Beadon, the famous Catholic woman surgeon of Madras, visited the Holy Family Hospital recently. Dr. O'Brien Beadon is a member of the Women's Medical Service for India and has been superintendent of the Victoria Hospital for women in Madras. She is now the only woman member of the Inquiry Committee appointed by the Indian Government to investigate the child marriages of India, with a view to passing a child marriage bill, which would prevent parents from marrying their daughters under 14 years. It is the first time in the history of India that a woman has been made a member of a special committee of inquiry along with men.

Mrs. O'Brien Beadon (who before her marriage was Miss O'Brien) is of Cork parentage and she and her husband are both devout Catholics. Their little daughter, Kay, attends the Presentation Convent in Madras, and says devoutly "Blessed be God, blessed be His holy Name," every time she passes a Hindu idol.

Rev. Father Henry Westropp, a well known American Jesuit, who has recently opened a new mission among the depressed classes in Haveli, Bihar, India, writes:

"I wish I had M. D. after my name just now in my old age, when I have to become a medical man in 24 hours. Crowds of poor patients suffering from everything from toothache to leprosy arrive here as early as 5 in the morning. Their only hope is in us. We have been here only two weeks, but the number of patients is about a hundred daily, and with God's grace we hope to make it a thousand."

AFRICA

Hospital Treatment Leads to Princes' Conversion. The solemn Baptism of the wife of the Sultan of Shangiroy took place recently at the Catholic Mission at Kashozi, Tanganyika, East Africa. A short time ago the Princess came to be treated at the hospital of the white Sisters at Kashozi. The request for his wife's Baptism as a Catholic was made by the Sultan himself, who is a Protestant.

In "**Jottings of a Mission Doctor**" published by Doctor McMurtrie from Natal, we read that St. Mary's Hospital, Mariannhill, South Africa, mourns the loss of Nurse Bernadette, their first Mission Nurse. She was trained at a maternity hospital in Durban and had been registered by the Natal Medical Council as a qualified maternity nurse. Later she came to work at St. Mary's Hospital. She possessed in a very high degree those qualities which are most required in a nurse for a mission hospital: real skill in the technical side of her work, a quiet, gentle and very kind disposition in all her dealings with patients, and a deeply religious character which made it always obvious that her work was done from the very highest motives. May God raise up other such devoted native helpers for the Medical Mission Apostolate.

New African Religious Order. At Ngoludi, Nyassaland, East Africa, a new order of religious called "Atumiki a Maria Woyera" (Servants of the Blessed Virgin) has been founded to care for the sick and teach the catechism. There are already seven members actively engaged.

NEW CATHOLIC YEAR BOOK

In the first edition of the Catholic Year Book our Society is erroneously listed with collecting organizations. Such a mistake can easily occur and the Editor kindly assured us that in the next issue he would duly list us with religious communities.

Miss Mary A. Lab, R.N., who gives us her impressions of some Alaskan Hospitals, is a graduate of St. Laurence Hospital, Lansing, Mich. She is a progressive private duty nurse, who likes to spend her vacations taking educational trips.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

Foundation and Approbation: The Society of Catholic Medical Missionaries was founded in September, 1925, in Washington, D. C., with the approval of His Grace, Most Reverend Michael J. Curley, D.D., Archbishop of Baltimore.

Purpose and Field: The purpose of this Society is to render medical aid, no disease or condition being excepted, to Christians and non-Christians in the officially recognized foreign Mission countries of the world.

Nature of Work: The vocation of a *Medical Missionary* is a combination of spiritual and corporal works of mercy. Having access by means of her profession, as Doctor or Nurse, to many with whom no other Missionaries can come in contact, she is afforded numerous opportunities to instruct the sick and their relatives in our Holy Religion, assist the dying, and to baptize infants in danger of death. By her charitable ministrations, she wins the love and confidence of the people and is thus enabled to break down prejudice and superstition, and prepare the way for their reception of the truth.

Scope of Work: The scope of the Medical work includes the provision and equipment of mission hospitals and dispensaries, medical schools, training schools for native nurses, infant welfare centers, plague camps, leper asylums and caravan dispensaries, which bring medical aid from village to village, also obstetrical work and visiting the sick in their homes which are of primary necessity in mission countries.

Nature of the Society: The members of the Society live in community, in the spirit of the evangelical counsels. After one year of probation, which is devoted to spiritual and missionary training, the candidates solemnly promise to keep the Constitutions and they pledge themselves, by oath, to remain in the Society for three years, to go without delay to any region or place whither they are sent by the Superior of the Society and to accept any employment assigned to them.

The Solemn Promise and Oath are renewed after three years for another period of three years, after which they are taken for life.

As members receive no salary, the Society makes provision for their maintenance in the same manner as other religious communities.

First Hospital: The first hospital opened by the Society of Catholic Medical Missionaries is located in the native city of Rawalpindi, Punjab, India, in the Mill-Hill Prefecture Apostolic of Kashmir and Kafristan, where the Mohammedan and high caste Hindu women are still strictly secluded and can only avail themselves of medical aid by women. Three of the pioneers of the Society are in charge of this Hospital, which was dedicated on December 14, 1927.

We will be pleased to hear from any women doctors or nurses and others who are interested in Medical Mission work and who would be willing to devote their lives and profession to this missionary work.

DR. ANNA DENGEL,

*Society of Catholic Medical Missionaries,
Bunker Hill Road and 16th Street N. E.,
Brookland, Washington, D. C.*

SAVE THE BABIES

"Just now we have a little premature baby in our hospital," writes Sr. Mary Laetitia from the Holy Family Hospital. "It is a week old and does not weigh two pounds. The mother is dying of tuberculosis in the bazaar, but the infant is thriving here. We gavage him every two hours; he takes a whole ounce at one meal and if we happen to be three minutes overtime, he raises his voice in protest."

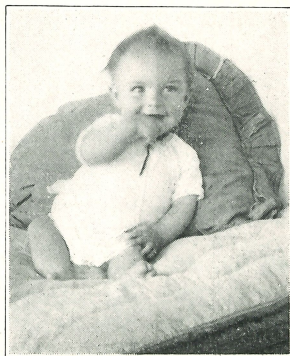
The story of this infant is one of many. If it had not the benefit of proper care by trained nurses, it would soon be laid beside its mother on the funeral pyre.

In a recent issue of *The Statesman*, a Calcutta daily, we read: "Every day 22,000 babies are born

and fully 30 out of every 100 of these never live to celebrate their first birthday, whilst at least 20 percent die within four weeks of birth. In stern arithmetic, this means that out of the 22,000 babies born daily, 6,600 babies die daily, whilst no fewer than 130,000 out of the babies born every month of the year are laid to rest almost before they have learned to cry."

The very high percentage of deaths soon after birth is due mainly to ignorance on the part of the child's parents and superstitious practices and the lack of doctors and nurses. One of the most practical efforts to lessen the percentage of infant mortality is to train native nurses.

THE LIVES OF THIS LITTLE
BABY AND HIS MOTHER
WERE SAVED BY A SERIOUS
OPERATION WHICH DR.
LYONS PERFORMED IN ST.
CATHERINE'S HOSPITAL IN
RAWALPINDI ON NEW
YEAR'S DAY, TWO YEARS
AGO



Send subscriptions for THE
MEDICAL MISSIONARY to the
Catholic Medical Mission House,
Brookland, Washington, D. C.,
U. S. A. Subscription, \$1.00 per
year.